

Date Questions Answered:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPLETED BY:

- ☐ Interviewer/Counselor
- ☐ Client/Patient
- ☐ Chart Review

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH TESTING HISTORY QUESTIONS

Information below is required for all new HIV reports and will be used to generate incidence estimates.

UIN:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State Patient No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I. PATIENT IDENTIFICATION

Last Name:	First Name:	M.I.:	Date of Birth:	Date of Current HIV Test:
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II. FIRST POSITIVE TEST

Date of FIRST POSITIVE HIV test: (Enter date of current test if it is the first.)

Month	Year
<input type="text"/>	<input type="text"/>

III. PREVIOUS HIV TESTS

Has the patient ever tested NEGATIVE for HIV?

YES ☐ NO ☐ UNKNOWN ☐

→ Date of LAST NEGATIVE test:

Month	Year
<input type="text"/>	<input type="text"/>

In the 2 years before the patient's 1st positive test, how many times did the patient get tested for HIV? (Include the 1st positive test in the count.)

1 (1st positive test) + ____ (tests before) = (total)

IV. ANTIRETROVIRAL MEDICATIONS

Has patient taken any medication to prevent or treat HIV infection or Hepatitis B?

YES ☐ NO ☐ UNKNOWN ☐

If yes, please show medication chart with pictures. If no, skip remaining questions.

→ List Medications: _____

→ Start Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

→ Is patient currently taking medications? YES ☐ NO ☐ UNKNOWN ☐

→ End Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes

<input type="text"/>
<input type="text"/>
<input type="text"/>

Mail Testing History Questionnaire To: MDCH HIV Incidence Coordinator
 1151 Taylor, Room 211B
 Detroit, MI 48202-1732
 313-876-0854

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